# IN THE UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF PUERTO RICO

IN RE:	CASE NO. 19-05921/ESL
WILANIS COTTO TORRES	CHAPTER 13
DEBTOR	0.2.2.

### DEBTOR'S NOTICE OF FILING OF <u>AMENDED SCHEDULES "I" and "J"</u> OFFICIAL FORMS 106I & 106J

#### TO THE HONORABLE COURT:

**COMES NOW, WILANIS COTTO TORRES,** the Debtor in the above captioned case, through the undersigned attorney, and very respectfully states and prays as follows:

- The Debtor is hereby submitting Amended Schedule "I" and "J", dated April 6, 2021, herewith and attached to this motion.
- 2. The amended Schedules "I" and "J" are filed to reflect an increase in the Debtor's actual monthly income, in the above captioned case.

## NOTICE PURSUANT TO LOCAL BANKRUPTCY RULE 1009(B)

Within thirty (30) days after service as evidenced by the certification, and an additional three (3) days pursuant to Fed. R. Bank. P. 9006(f) if you were served by mail, any party against whom this paper has been served, or any other party to the action who objects to the relief sought herein, shall serve and file an objection or other appropriate response to this paper with the Clerk's office of the U.S. Bankruptcy Court for the District of Puerto Rico. If no objection or other response is filed within the time allowed herein, the paper will be deemed unopposed and may be granted unless: (i) the requested relief is forbidden by law; (ii) the requested relief is against public policy; or (iii) in the opinion of the Court, the interest of justice requires otherwise.

#### CERTIFICATE OF SEVICE

I CERTIFY, that on this same date a copy of this Notice was filed with the Clerk of the Court using CM/ECF system which will send notice of same to the Chapter 13 Trustee, the US Trustee's Office, and to all CM/ECF participants; I also certify that a copy of this notice was sent via regular US mail to the Debtor and to all creditors and interested parties appearing in the master address list (CM/ECF non-participants), hereby attached.

**RESPECTFULLY SUBMITTED**. In San Juan, Puerto Rico, this 6<sup>th</sup> day of April, 2021.

/s/Roberto Figueroa Carrasquillo

USDC #203614 RFIGUEROA CARRASQUILLO LAW OFFICE PSC ATTORNEY FOR THE DEBTOR PO BOX 186 CAGUAS PR 00726 TEL. NO. (787) 744-7699/(787)963-7699

EMAIL: rfc@rfigueroalaw.com

Fill in this information to	o identify your cas	e:		
Debtor 1	WILANIS COT	TO TORRES		
Debtor 2 (Spouse, if filing)				
United States Bankrupt	tcy Court for the:	DISTRICT OF PUERTO RICO, SAN JUAN DIVISION		
Case number (If known) 3:1	9-bk-5921		Cr ■	neck if this is:  An amended filing  A supplement showing postpetition chapter 13
Official Form	1061			income as of the following date:

#### Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	t 1: Describe Employment			
1.	Fill in your employment information.		Debtor 1	Debtor 2 or non-filling spouse
	If you have more than one job,	Fundament status	■ Employed	■ Employed
	attach a separate page with information about additional	Employment status	☐ Not employed	☐ Not employed
	employers.	Occupation	Nurse	Gardener
	Include part-time, seasonal, or self-employed work.	Employer's name	Hospital Menonita de Caguas	Nature Aspects
	Occupation may include student or homemaker, if it applies.	Employer's address	PO Box 6660 Caguas, PR 00726-6660	32 Stret AM-17 Bairoa Caguas, PR 00725
		How long employed th	nere? 8 years	2 years

#### Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filling spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

			F	For Debtor 1	100000000000000000000000000000000000000	ebtor 2 or iling spouse
2.	List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2.	\$_	4,261.64	\$	801.59
3.	Estimate and list monthly overtime pay.	3.	+\$_	0.00	+\$ _	0.00
4.	Calculate gross Income. Add line 2 + line 3.	4.	\$_	4,261.64	\$_	801.59

	<b>0</b>	Was A hour	4.	Fo	r Debtor 1	For Debto		
	Сору	line 4 here	4.	Ψ-	4,261.64	<b>4</b>	001.55	-
5.	List a	Il payroll deductions:						
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$_	739.57	\$	80.16	-
	5b.	Mandatory contributions for retirement plans	5b.	\$	0.00	\$	0.00	
	5c.	Voluntary contributions for retirement plans	5c.	\$	0.00	\$	0.00	<u>[</u>
	5d.	Required repayments of retirement fund loans	5d.	\$	0.00	\$	0.00	
	5e.	Insurance	5e.	\$	11.98	\$	0.00	
	5f.	Domestic support obligations	5f.	\$	0.00	\$	0.00	Ţ.
	5g.	Union dues	5g.	\$	0.00	\$	0.00	li.
	5h.	Other deductions. Specify:	5h.+	\$ _	0.00 +	- \$	0.00	<u>.</u>
6.	Add t	he payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$_	751.55	\$	80.16	<u>.</u>
7.	Calcu	late total monthly take-home pay. Subtract line 6 from line 4.	7.	\$_	3,510.09	\$	721.43	_
8.	8a.	Il other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total	0.5	•	0.00	•	0.00	
		monthly net income.	8a.	\$ -	0.00	\$	0.00	_
	8b.	Interest and dividends	8b.	\$_	0.00	<b>&gt;</b>	0.00	<u> </u>
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$	0.00	\$	0.00	
	8d.	Unemployment compensation	8d.	\$	0.00	\$	0.00	-
	8e.	Social Security	8e.	\$-	0.00	\$	0.00	-
	8f.	Other government assistance that you regularly receive		_	0.00			<del>-</del> ;
	от.	Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:	8f.	\$_	0.00	\$	0.00	-
	8g.	Pension or retirement income	8g.	\$_	0.00	\$	0.00	-
	8h.	Other monthly income. Specify:	8h.+	\$ _	0.00	* \$	0.00	
9.	Add a	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$_	0.00	\$	0.0	0
10	Calcu	late monthly income. Add line 7 + line 9.	10. \$		3,510.09 + \$	721.4	3 = \$	4,231.52
10.		he entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	L				ゴレニ	
	State Include other Do not Specification	all other regular contributions to the expenses that you list in Schedule le contributions from an unmarried partner, members of your household, your defriends or relatives.  It include any amounts already included in lines 2-10 or amounts that are not average.	ependen ailable to	рау	expenses listed in	Schedule J. 11	. +\$	0.00
12.	Add t Write	the amount in the last column of line 10 to the amount in line 11. The rest that amount on the Summary of Schedules and Statistical Summary of Certain	ult is the Liabilitie	com s an	nbined monthly inco ad Related <i>Data</i> , if it	ome. applies 12		4,231.52
							Combi	nea ly income
13.	Do yo	ou expect an increase or decrease within the year after you file this form No.	?					
		Yes. Explain:						

Fill	n this information to identify your case:				
Deb	or 1 WILANIS COTTO TORRES		Che	ck if this is:	
				An amended filing	
Deb	or 2				ng postpetition chapter 13
(Spc	buse, if filing)			expenses as of the f	ollowing date:
Unit	ed States Bankruptcy Court for the: DISTRICT OF PUERTO RICO, SA DIVISION	AN JUAN	53 <del>1</del>	MM / DD / YYYY	at a second and a second a second and a second a second and a second a second and a
Cas	e number 3:19-bk-5921				
	nown)				
Of	ficial Form 106J				
Sc	chedule J: Your Expenses				12/15
Be a	as complete and accurate as possible. If two married people are rmation. If more space is needed, attach another sheet to this fo nown). Answer every question.	filing together, both are orm. On the top of any ad	equal dition	y responsible for s al pages, write you	upplying correct r name and case number
Par	1: Describe Your Household				
1.	Is this a joint case?				
	■ No. Go to line 2.  ☐ Yes. Does Debtor 2 live in a separate household?				
	☐ No☐ Yes. Debtor 2 must file Official Form 106J-2, Expenses form	or Separate Household of	Debto	r 2.	
2.	Do you have dependents? ■ No				
۷.		Donandont's relationship	n to	Dependent's	Does dependent
	Do not list Debtor 1 and Yes. Fill out this information for each dependent	Dependent's relationship Debtor 1 or Debtor 2	J 10	age	live with you?
					□ No
	Do not state the dependents names.				☐ Yes
					□ No
				28 - 19-11	☐ Yes
				-	□ No
					☐ Yes
					□ No
					☐ Yes
3.	Do your expenses include ■ No				
	expenses of people other than				
	yourself and your dependents?				
Est	Estimate Your Ongoing Monthly Expenses imate your expenses as of your bankruptcy filing date unless your enses as of a date after the bankruptcy is filed. If this is a supple licable date.	ou are using this form as emental <i>Schedule J</i> , ched	a sup	plement in a Chapt box at the top of th	er 13 case to report ne form and fill in the
val	ude expenses paid for with non-cash government assistance if yue of such assistance and have included it on Schedule I: Your l	you know the ncome		Your expe	enses
(Of	icial Form 106l.)			Touredap	
4.	The rental or home ownership expenses for your residence. In payments and any rent for the ground or lot.	clude first mortgage	4. \$	<b></b>	651.00
	If not included in line 4:				
	4a. Real estate taxes		4a.	5	0.00
	4b. Property, homeowner's, or renter's insurance		4b.		0.00
	4c. Home maintenance, repair, and upkeep expenses		4c.	ly <del>*</del>	100.00
	4d. Homeowner's association or condominium dues		4d.		0.00
5.	Additional mortgage payments for your residence, such as hom	ne equity loans	5.		0.00
٠.					

or 1 COTTO TORRES, WILANIS	Case num	ber (if known)	3:19-bk-5921
6a. Electricity, heat, natural gas			160.00
6b. Water, sewer, garbage collection	6b.	\$	30.86
<ol><li>Telephone, cell phone, Internet, satellite, and cable services</li></ol>	6c.	\$	317.00
6d. Other. Specify: Gas (stove & dryer)	6d.	\$	45.00
Food and housekeeping supplies	7.	\$	821.43
Childcare and children's education costs	8.	\$	0.00
Clothing, laundry, and dry cleaning	9.	\$	130.00
Personal care products and services	10.	\$	180.00
Medical and dental expenses	11.	\$	290.00
	40	-	377.23
			190.00
AT 10 1000 A 10 0 M 1000 A 10 M 10 M 10 M	14.	\$	0.00
	150	c	0.00
			0.00
		XX. 29	0.00
		33 u-	0.00
	15d.	\$	0.00
	16.	\$	0.00
S 35명 가격하고 NS 2명			
200 km - 교육에서 바로 ♥ 10 km 20 km 및 10 km 및 10 km 및 10 km 및 10 km 10			650.00
17b. Car payments for Vehicle 2	17b.	\$	0.00
17c. Other. Specify:	17c.	\$	0.00
	17d.	\$	0.00
Your payments of alimony, maintenance, and support that you did not report as		•	0.00
	10.		
	40	<b>5</b>	0.00
			0.00
			0.00
		39 . <b></b>	0.00
		1000	0.00
		W	0.00
Other: Specify: College Expenses	21.	+\$	75.00
		27	
			4,017.52
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	
22c. Add line 22a and 22b. The result is your monthly expenses.		\$	4,017.52
<ol> <li>Copy line 12 (your combined monthly income) from Schedule I.</li> </ol>	23a.	\$	4,231.52
23b. Copy your monthly expenses from line 22c above.	23b.	-\$	4,017.52
	6c. Telephone, cell phone, Internet, satellite, and cable services 6d. Other. Specify: Gas (stove & dryer) Food and housekeeping supplies Childcare and children's education costs Clothing, laundry, and dry cleaning Personal care products and services Medical and dental expenses Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. Entertainment, clubs, recreation, newspapers, magazines, and books Charitable contributions and religious donations Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15d. Other insurance. Specify: Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule 1, Your Income (Official Form 1061). Other payments you make to support others who do not live with you. Specify: Other real property expenses not included in lines 4 or 5 of this form or on Schedule 20a. Mortgages on other property 20b. Real estate taxes 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses 20e. Homeowner's association or condominium dues Other: Specify: College Expenses Calculate your monthly expenses 22a. Add lines 24 through 21. 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 22c. Add line 22a and 22b. The result is your monthly expenses. Calculate your monthly net income. 23a. Copy line 12 (your combined monthly income) from Schedule I.	6a. Electricity, heat, natural gas 6b. Water, sewer, garbage collection 6c. Telephone, cell phone, Internet, satellite, and cable services 6c. Telephone, cell phone, Internet, satellite, and cable services 6c. Action of the phone, Internet, satellite, and cable services 6c. Telephone, cell phone, Internet, satellite, and cable services 6c. Action of the phone, Internet, satellite, and cable services 6c. Telephone, cell phone, Internet, satellite, and cable services 6c. Action of the phone, Internet, satellite, and cable services 6c. Telephone, cell phone, Internet, satellite, and cable services 7c. Childcare and children's education costs 7c. Childcare and children's education costs 8c. Clothing, laundry, and dry cleaning 9c. Personal care products and services 110. Medical and dental expenses 111. Transportation. Include gas, maintenance, bus or train fare. 112. Do not include car payments. 113. Charitable contributions and religious donations 114. Insurance 115a. Life insurance 115a. Life insurance 115a. Life insurance 115b. Health insurance 115c. Other insurance. Specify. 115d. Other insurance. Specify. 115d. Other insurance. Specify. 116d. Other insurance. Specify. 117a. Car payments for Vehicle 1 117b. Car payments for Vehicle 1 117c. Other. Specify: 117c. Other. Specify: 117d. Other payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106i). 118. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Other payments you make to support others who do not live with you. 119c. Charages on other property 120a. Mortgages on other property 120a. Mortgages on other property 120b. Real estate taxes 120c. Property, homeowner's, or renter's insurance 120d. Maintenance, repair, and upkeep expenses 121c. Calculate your monthly expenses 1	6a. Electricity, heat, natural gas 6b. Water, sewer, garbage collection 6c. Telephone, cell phone, Internet, satellite, and cable services 6c. Telephone, cell phone, Internet, satellite, and cable services 6d. Other. Specify: Gas (stove & dryer) 6d. \$  Food and housekeeping supplies 7. \$  Childcare and children's education costs 8. \$  Clothing, laundry, and dry cleaning 9. \$  Personal care products and services Medical and dental expenses 10. \$  Medical and dental expenses 11. \$  Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. Do not include insurance deducted from your pay or included in lines 4 or 20.  She Life insurance 15b. Health insurance 15c. Vehicle insurance deducted from your pay or included in lines 4 or 20.  Specify:  Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: 17d. Specify: 17d. Specify: 17d. Specify: 17d. Specify:

Fill in this	information to identify yo	our case:	E-History is a His
Debtor 1	WILANIS COTTO		
	First Name	Middle Name	Last Name
Debtor 2			
(Spouse if, filing)	First Name	Middle Name	Last Name
United States E	Bankruptcy Court for the:	DISTRICT OF PUERTO	RICO, SAN JUAN DIVISION
Case number	3:19-bk-5921		
(if known)			
(if known)			

Check if this is an amended filing

## Official Form 106Dec

# **Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

	Sign Below	
Did	you pay or agree to pay someone who is NOT an attorne	ey to help you fill out bankruptcy forms?
	No	
	Yes. Name of person	Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)
that	ler penalty of perjury, I declare that I have read the summent they are true and correct.  /s/ WILANIS COTTO TORRES  WILANIS COTTO TORRES  Signature of Debtor 1	and schedules filed with this declaration and  X  Signature of Debtor 2

Label Matrix for local noticing 0104-3 Case 19-05921-ESL13 District of Puerto Rico Old San Juan Tue Apr 6 13:00:54 AST 2021

Acceptance Now 5501 Headquarters Dr Plano, TX 75024-5837

DEPARTMENT OF TREASURY BANKRUPTCY SECTION 424 B PO BOX 9024140 SAN JUAN, PR 00902-4140

Firstbank Pr Ponce De Leon Av Stop 23 San Juan, PR 00901

JOSE L. ORTEGA NUEZ, ESQ. PO Box 371270 Cayey, PR 00737-1270

Miguel A. Maza & Associates PSC Lcdo. Miguel A Maza & Lcda. Miralis Berm PO Box 364028 San Juan, PR 00936-4028

MONSITA LECAROZ ARRIBAS
OFFICE OF THE US TRUSTEE (UST)
OCHOA BUILDING
500 TANCA STREET SUITE 301
SAN JUAN, PR 00901

FIRSTBANK PUERTO RICO c/o MARTINEZ & TORRES LAW OFFICES, PSC PO BOX 192938 SAN JUAN, PR 00919-3409

Capital Management Group LLC Jefferson Capital System LLC PO Box 362464 San Juan, PR 00936-2464

DTOP PO Box 41269 Minillas Station San Juan, PR 00940-1269

Firstbank Puerto Rico PO Box 11856 San Juan, PR 00910-3856

(p) JEFFERSON CAPITAL SYSTEMS LLC PO BOX 7999 SAINT CLOUD MN 56302-7999

SBA US Small Business Administration PO Box 3918 Portland, OR 97208-3918

ROBERTO FIGUEROA CARRASQUILLO PO BOX 186 CAGUAS, PR 00726-0186 US Bankruptcy Court District of P.R. Jose V Toledo Fed Bldg & US Courthouse 300 Recinto Sur Street, Room 109 San Juan, PR 00901-1964

Claro PO Box 360998 San Juan, PR 00936-0998

FIRST BANK
CONSUMER SERVICE CENTER
BANKRUPTCY DIVISION CODE (248)
PO BOX 9146 SAN JUAN PR, 00908-0146

Firstbank Puerto Rico PO Box 9146 San Juan, PR 00908-0146

MUEBLERIA LA CIDRENA CALLE CRUZ HADDOCK NUM 2 URB FERNANDEZ CIDRA PR 00739

ALEJANDRO OLIVERAS RIVERA ALEJANDRO OLIVERAS CHAPTER 13 TRUS PO BOX 9024062 SAN JUAN, PR 00902-4062

WILANIS COTTO TORRES URB LOS PINOS BUZON 16 CIDRA, PR 00739-9357

The preferred mailing address (p) above has been substituted for the following entity/entities as so specified by said entity/entities in a Notice of Address filed pursuant to 11 U.S.C. 342(f) and Fed.R.Bank.P. 2002 (g) (4).

Jefferson Capital Systems LLC Po Box 7999 Saint Cloud Mn 56302-9617 End of Label Matrix
Mailable recipients 20
Bypassed recipients 0
Total 20